DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10003439-1

As a below named inventor. I hereby declare that:

My residence/post office	ce addr	ess and citizenship are	as stated below next t	o mv name:	
I believe I am the origin	nal, firs names invent	t and sole inventor (if o are listed below) of the ion entitled:	nly one name is listed	below) or an o	riginal, first and and for which a
the specification of wh	ich is a	ttached hereto unless t	he following box is ch	ecked:	
() was filed on			cation Serial No. or PC		Application
Number	and	was amended on	(if a	oplicable).	Application
I hereby state that I hincluding the claims, a disclose all information	s amer	nded by any amendmei	nt(s) referred to abov	 e. I acknowle 	ed specification, dge the duty to
Foreign Application(s) and/or					
I hereby claim foreign priorit inventor(s) certificate listed t filing date before that of the	oelow an	ts under Title 35, United Sta d have also identified below a on on which priority is claime	my foreign application for p	any foreign applica atent or inventor(s)	tion(s) for patent of certificate having a
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
N/A				YES:	NO:
12				YES:	NO:
U. S. Priority Claim at hereby claim the benefit us plasofar as the subject matter manner provided by the first information as defined in Titl application and the national of	r of each paragra le 37, Co	of the claims of this applica ph of Title 35, United States de of Federal Regulations, Se	ation is not disclosed in the Code Section 112, I acknoction 1.56(a) which occurr	prior United State	s application in the
APPLICATION SERIAL NUMB	ER	FILING DATE	STATUS (c	atented/pending/abandon	nd)
N/A				otoritos/portaing/abangon	1
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and Tr	ademark	Office connected therewith:	Place Customer Number Bar Code	cute this applicati	on and transact all
			Label here	J	
Send Correspondence to: HEWLETT-PACKARD COI			Direct Telephone	Calls To:	
Intellectual Property Administration			T. Grant Ritz		
P.O. Box 272400 Fort Collins, Colorado 80527-2400			(970) 898-0697		
I hereby declare that a made on information ar the knowledge that will or both, under Section may jeopardize the valid	id belie Iful fals 1001 d	et are believed to be tru se statements and the l	e; and further that the ike so made are punis d States Code and the	se statements	were made with

Full Name of Inventor:	Anthony J Benson	Citizenship:	US
Residence:	211 Wallea Court Roseville, CA 95474		
Post Office Address:	Same as residence		
Inventor's Signature			

ATTORNEY DOCKET NO. 10003439-1 DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued) Full Name of # 2 joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Full Name of # 3 joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date Full Name of # 4 joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date 1 1.4 Fig. Full Name of # 5 joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date Full Name of # 6 joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date

Date

Date

Citizenship:

Rev 10/00 (DecPwr)

Residence:
Post Office Address:

Residence:
Post Office Address:
Inventor's Signature

Full Name of # 7 joint inventor:

Full Name of # 8 joint inventor: